

**ABN**  
**The Compliant Way**

Presented by:  
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**KMC UNIVERSITY**  
**NEXT-GEN MEDICARE**  
Practical and updated Training for Billing & Risk Management

1

**KMC's "Either/Or" Principle**

- **Either** covered service **or** statutorily excluded service
- **Either** Medicare responsible **or** patient responsible
- **Either** active treatment **or** maintenance care
- **Either** mandatory ABN **or** voluntary ABN
- CMT is **either** AT **or** GA

2

**Get to Know the Audience**

Do you include a Medicare Mandatory ABN in the new patient paperwork for all your Medicare patients?

☐ YES  
☐ NO

MEDICARE PART B

3

**Understand and Implement Medical Necessity Definitions**

The definition of Medical Necessity, per Medicare, is:

- The patient must have a **significant health problem in the form of a neuromusculoskeletal condition** necessitating treatment, and the manipulative services rendered **must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function.**

MEDICARE PART B

4

**AT = Active Treatment**

- By definition meets medical necessity
- Billed and expected to be paid
- Follows MAC screens
- Should not be automatic

MEDICARE PART B

5

**The Opposite of Active Treatment**

Maintenance therapy is defined (per Chapter 15, Section 30.5.B. of the Medicare Benefits Policy Manual) as a **treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition.**

MEDICARE PART B

6

7

8

9

10

11

12



### Let's Take a Look

Do you have any of the following items listed on your ABN **along with** CMT (98940-42)?

- Evaluation and Management (E/M)
- Exams
- X-ray
- Electric Stim
- Manual Therapy

14

15

**Options:** Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **maintenance care** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays, or deductibles.

☐ **OPTION 2.** I want the **maintenance care** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ **OPTION 3.** I don't want the **maintenance care** listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

### Understand the Options

MEDICARE PART B

16

**Options:** Check only one box. We cannot choose a box for you.

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### Understand the Options

MEDICARE PART B

17

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### Understand the Options

MEDICARE PART B

18



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Understand the Options

MEDICARE PART B

19

G. OPTIONS: Check only one box. We cannot choose a box for you.

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Not Accepting Assignment

MEDICARE PART B

20

Wait!  
Don't Forget QMB

\* Special guidance for people who are dually enrolled in both Medicare and Medicaid, also known as dually eligible individuals (has a Qualified Medicare Beneficiary (QMB) Program and/or Medicaid coverage) ONLY:

Dually Eligible beneficiaries must be instructed to check **Option Box 1** on the ABN in order for a claim to be submitted for Medicare adjudication.

Strike through **Option Box 1** as provided below:

- OPTION 1.** I want the (D) \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). **I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN.** If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

The provider cannot bill the dual eligible beneficiary when the ABN is furnished. Providers must refrain from billing the beneficiary pending adjudication by both Medicare and Medicaid in light of federal law affecting coverage and billing of dual eligible beneficiaries. If Medicare denies a claim where an ABN was needed in order to transfer financial liability to the beneficiary, the claim may be crossed over to Medicaid or submitted by the provider for adjudication based on State Medicaid coverage and payment policy. Medicaid will issue a Remittance Advice based on this determination.

MEDICARE PART B

21

QMB Protections

Once the claim is adjudicated by both Medicare and Medicaid, providers may only charge the patient in the following circumstances:

- If the beneficiary **has QMB coverage without full Medicaid coverage**, the ABN could allow the provider to shift financial liability to the beneficiary per Medicare policy.
- If the beneficiary has full Medicaid coverage and **Medicaid denies the claim (or will not pay because the provider does not participate in Medicaid)**, the ABN could allow the provider to shift financial liability to the beneficiary per Medicare policy, subject to any state laws that limit beneficiary liability.

Note: These instructions should only be used when the ABN is used to transfer potential financial liability to the beneficiary and **not in voluntary instances**. More information on dual eligible beneficiaries may be found at: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf)

Page 5 of 8

MEDICARE PART B

22

Learn More...

**mln**  
TAGSHEET  
KNOWLEDGE • RESOURCES • TRAINING

Beneficiaries Dually Eligible for Medicare & Medicaid



What's Changed?

We added information on Qualified Medicare Beneficiary billing protections (page 75).  
Substitute content changes are in dark red.

MEDICARE PART B

23

KMC University Resources

Other Useful Information:

**Advance Beneficiary Notice of Non-Coverage (ABN)**

**Chiropractic Maintenance Care**

Code	Medicare Policy	Medicaid Policy
G0103	Covered	Covered
G0104	Covered	Covered
G0105	Covered	Covered
G0106	Covered	Covered
G0107	Covered	Covered
G0108	Covered	Covered
G0109	Covered	Covered
G0110	Covered	Covered
G0111	Covered	Covered
G0112	Covered	Covered
G0113	Covered	Covered
G0114	Covered	Covered
G0115	Covered	Covered
G0116	Covered	Covered
G0117	Covered	Covered
G0118	Covered	Covered
G0119	Covered	Covered
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G0121	Covered	Covered
G0122	Covered	Covered
G0123	Covered	Covered
G0124	Covered	Covered
G0125	Covered	Covered
G0126	Covered	Covered
G0127	Covered	Covered
G0128	Covered	Covered
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G0132	Covered	Covered
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G0139	Covered	Covered
G0140	Covered	Covered
G0141	Covered	Covered
G0142	Covered	Covered
G0143	Covered	Covered
G0144	Covered	Covered
G0145	Covered	Covered
G0146	Covered	Covered
G0147	Covered	Covered
G0148	Covered	Covered
G0149	Covered	Covered
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G0173	Covered	Covered
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G0188	Covered	Covered
G0189	Covered	Covered
G0190	Covered	Covered
G0191	Covered	Covered
G0192	Covered	Covered
G0193	Covered	Covered
G0194	Covered	Covered
G0195	Covered	Covered
G0196	Covered	Covered
G0197	Covered	Covered
G0198	Covered	Covered
G0199	Covered	Covered
G0200	Covered	Covered

MEDICARE PART B

24



25

The KMC University's Guide to MEDICARE MODIFIERS

Modifiers Used Only With 98940, 98941, 98942

Code	Description/Instructions	Medicare Payment
AT	Indicates that the service is performed by a chiropractor who is not a Medicare provider. Medicare will consider for payment.	Mandatory Submission
GA	Indicates that the service is performed by a chiropractor who is not a Medicare provider. Medicare will consider for payment.	Mandatory Submission
GZ	Indicates that the service is performed by a chiropractor who is not a Medicare provider. Medicare will consider for payment.	Mandatory Submission

Modifiers Used with All Statutorily Excluded Services

Code	Description/Instructions	Medicare Payment
GY	Indicates that the service is not covered by Medicare. Medicare will not pay for the service. Patient is financially liable.	Voluntary Submission
EX	Indicates that the service is not covered by Medicare. Medicare will not pay for the service. Patient is financially liable.	Voluntary Submission
GP	Indicates that the service is not covered by Medicare. Medicare will not pay for the service. Patient is financially liable.	Voluntary Submission

MEDICARE PART B

26

**MEDICARE EXCLUDED SERVICES**

**You Must Understand**

MEDICARE PART B

27

**Excluded Services-Never Covered**

- No Part B coverage for DCs
- Payable by the patient or selected supplemental insurance
- Actual fees or limited discount for payment at time of service

MEDICARE PART B

28

**CHIROPRACTIC MEDICARE BENEFITS AND LIMITATIONS**

Recognize the Fundamentals of Medicare Coverage for Chiropractic Services

Covered and Payable	Recognize the Fundamentals of Medicare Coverage for Chiropractic Services
<b>Covered but Not Payable</b> *ABN form must be provided to the patient prior to rendering Covered but Not Payable services.	Active Treatment (AT) Spinal Chiropractic Manipulative TX (CMT) CPT Codes 98940, 98941, 98942 Spinal CMT codes are deemed Covered but Not Payable when performed for: <ul style="list-style-type: none"><li>• Chiropractic Maintenance Treatment</li><li>• More than one spinal manipulation per day</li></ul>
<b>Statutorily Excluded from Medicare Chiropractic Benefit</b> *ABN is not required for these services. Office Financial Policy is recommended to communicate these limitations of Medicare coverage.	All services/supplies ordered or provided by a chiropractor, other than those defined above, are excluded from the Medicare benefit, and therefore the patient is responsible for payment. This includes but is not limited to: <ul style="list-style-type: none"><li>• Extremity CMT 98943</li><li>• X-rays</li><li>• Products/supplies</li><li>• Therapies</li><li>• Exams</li><li>• Alternative treatment protocols</li></ul>

MEDICARE PART B

29

**Issuing a Voluntary Advance Written Notice of Noncoverage as a Courtesy**

MEDICARE PART B

30

31

32

33

34

35

36

# What About Part C ?

## The ABN Process




37


# Types of Medicare Coverage: Part C

- Also known as Medicare Advantage Plans or Replacement Plans– “Managed Care Medicare”
- Redirects benefits to a private carrier
- No Part A or B


### THE FOUR PARTS OF MEDICARE




**PART A**  
HOSPITAL INSURANCE



**PART B**  
MEDICAL INSURANCE  
Supplies & Services Outside Original Medicare Part B



**PART C**  
MEDICARE ADVANTAGE PLANS  
Private Health Plan, includes Part A, B, and sometimes Part D coverage




**PART D**  
MEDICARE PRESCRIPTION DRUG COVERAGE

38

# Medicare Part C

- Complete
- Advantage
- PPO
- HMO
- PFFS



39

# Medicare Advance Written Notices of Non-coverage

MLN Booklet

## When Not to Use an Advance Written Notice of Non-coverage

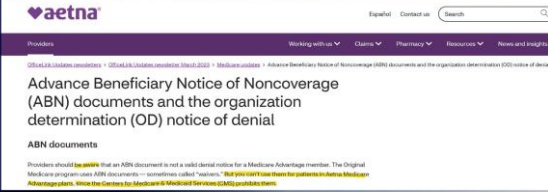
Don't use an advance written notice of non-coverage for items and services you provide under Medicare Part C or Part D.

You don't need to notify the patient before you provide items or services that aren't a benefit or never covered.

[Medicare Claims Processing Manual, Chapter 30, section 20.2.1](#) lists Medicare non-covered items and services.

40

# CMS' Mandatory ABN is Prohibited by Part C Payers



41

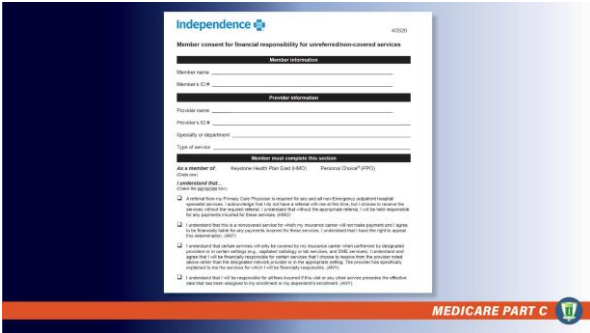
# Organization determination (OD) notice of denial

Providers in Medicare Advantage plans can't charge a Medicare Advantage member for a service not covered under their plan unless that member gets a preservice OD notice of denial from us before getting such services. If the member does not have a preservice OD notice of denial from us, you must hold the member harmless for the noncovered services. You can't charge them any amount beyond the normal copayments, coinsurance and deductibles.

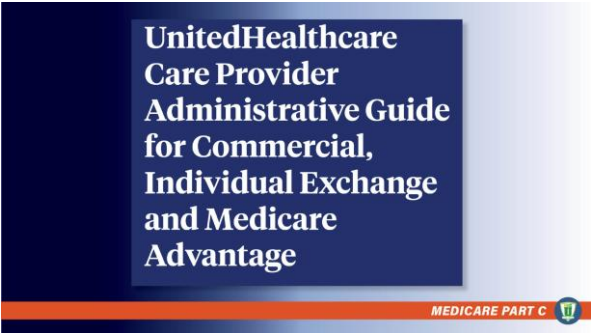
If a service is never covered under Original Medicare or is a clear exclusion in the plan documents, a preservice OD isn't needed. You may hold the member financially liable for such noncovered services. Note that services or supplies that are not medically necessary or are not covered in the clinical criteria are not "clear exclusions." In such cases, the member isn't likely to know if a service is medically necessary.

42

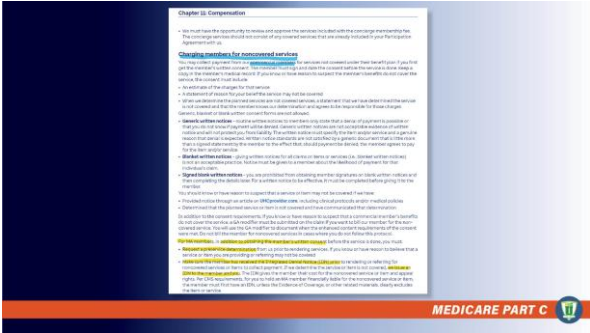




43



44



45



46



47



48



[illegible]

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[illegible]


50

The image displays two sequential screenshots of a video player interface. The top screenshot features a title bar that reads "Explaining the Mandatory ABN as a Participating Provider". Below the title bar, the video content shows the KMC University logo on the left and the text "RAPID TUTORIAL" in large, bold, white letters on the right. The bottom screenshot has a title bar that reads "Explaining the Mandatory ABN as a Non-Participating Provider". It also displays the KMC University logo and the text "RAPID TUTORIAL". Both screenshots include a standard video player control bar at the bottom with icons for play, pause, stop, and other functions.

51

[illegible]

52



***"Time for a Break"***

53